

NOTICE OF INDEPENDENT REVIEW DECISION

July 24, 2003

MDR Tracking #: M2-03-1350-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ when she ran to the assistance of a customer who was passing out. She tried to break his fall and held on to him, mostly using her right upper extremity and felt sharp right neck and shoulder pain. The patient saw an orthopedic surgeon and underwent right shoulder arthroscopy in November of 2002 with subsequent physical therapy. She continued to have problems and saw a chiropractor.

Requested Service(s)

Chronic pain management program for 3 to 5 times per week for 30 sessions

Decision

It is determined that the proposed pain management program for 3 to 5 times per week for 30 sessions is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient returned to see her chiropractor due to continued post operative pain, including severe right shoulder/neck/back and right upper arm pain. The examination revealed parascapular tenderness and mild right scapular winging. There was also mild atrophy of the right upper arm and tenderness of the acromioclavicular joint, bicipital groove, and supraspinatus tendon. Impingement signs were present and ranges of motion were also reduced. The patient was diagnosed with status post right shoulder arthroscopy, right-sided neck pain, upper extremity neuritis and rule out reflex sympathetic dystrophy.

The 30 session chronic pain management program is presently not medically necessary based on the documentation provided. The physical examination findings lacked consistency, as neurological deficits were noted by the chiropractor and were not noted by the medical doctor. The chiropractor reported that the patient had atrophy, impingement signs, strength loss, and hypoesthesia, yet the medical doctor's examination did not corroborate the chiropractor's findings. The report from the medical doctor was also contradictory, as he reported normal motor strength in the upper extremities, normal sensory testing, and normal reflexes and then contradicted itself by stating the patient had reduced shoulder muscle strength that was graded at 3/5. Additionally, the chiropractor indicated that the patient was clinically depressed prior to her psychological evaluation and the patient denied depression during her psychological evaluation.

While the medical literature indicates that interdisciplinary chronic pain program can be effective in the management of injured workers with chronic pain, the medical records reflected that the medical opinions for management of the patient's right shoulder pain had not been exhausted. Jankus et al conducted a study to determine long-term efficacy of an outpatient interdisciplinary pain treatment and management program for injured workers with chronic pain, and to determine if those referred earlier after injury are more likely to benefit. Ninety-one questionnaires were completed a median of 36 months following program completion. Ninety-three percent of patients reported improvements in pain symptoms at the time of program discharge and 76% reported maintenance or improvement of pain level between discharge and the time of survey.

Of those not working at the time of initial evaluation, 74% reported return to work or current involvement in a retraining program. Patients referred less than or equal to 12 months after injury reported greater mean pain improvement and were significantly more likely to return to work. (*Jankus WR, Park TJ, VanKeulen M, Weisenel M., "Interdisciplinary treatment of the injured worker with chronic pain: long term efficacy", Wis Med J 1995; 94(5): 244-9.*